Alcoholism and rising mortality in the Russian Federation

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In the Russian Federation today the high incidence of alcoholism and drunkenness helps to account for rising death rates, more particularly among the male population. During the mid-1980s a significant reduction in deaths from alcohol related diseases was achieved by state action in curtailing the supply of alcohol. However, official data disclose a pattern of sharply increased consumption per head since 1987, with high proof drinks—especially vodka—now forming a larger share in the total. In current economic conditions the effects of a traditional macho drinking culture are exacerbated by a reduction of state control over the quality of alcohol available for purchase. A substantial increase has occurred in deaths from most principal causes, with a disproportionate increase in deaths from non-natural causes, including deaths caused predominantly by alcohol. Average expectation of life at birth has fallen especially sharply for men; by 1993 it had slumped to 59.0 years—that is, to below the age at which a pension starts to be paid.

"To live or to drink?"—that was the chilling question posed recently in *Izvestiya*. The authors of the article—a doctor of medicine and a leading demographer—gave a starkly pessimistic answer.¹ Judging from the evidence available, claimed Nemtsov and Shkol'nikov, Russians are choosing the latter.

Sobriety by order

The association of drunkenness and alcoholism with rising death rates was probably a major determinant of the antialcohol campaign of the past decade. That package of measures, aimed at achieving a sharp and rapid fall in the consumption of alcohol, was initiated by Mikhail Gorbachev shortly after his advent to power as leader of the former Soviet Union in 1985.

Table I shows the effectiveness and ineffectiveness of the Gorbachev administration's strategy. For the masters of the command economy it may well have seemed unproblematic to achieve a reduction in sales from sources controlled by the state. As things turned out, limiting access to these sources reduced sales from 10.5 litres per head of population in 1984 to 3.9 litres per head in 1987—a reduction of over 60%.

However, that is not the entire story. Given that Russia's "drinking culture" is so deeply rooted in social custom, the authorities might have predicted that much time and effort would be devoted to circumventing official good intentions. At any rate, the historical record shows that people did exactly that. A process of substitution occurred on a massive scale and the consumption of alcohol from unregistered sources rose sharply. According to official estimates (table I) consumption of home brew nearly doubled between 1984 and 1987, from 3.3 to 6.1 litres per head of

population. (Of course, the fact that these figures were produced by the state statistical service does not preclude the possibility of other (higher or lower) estimates.)

During 1988-90, when failure of the campaign became increasingly apparent, small increases were recorded in sales from state controlled sources. The reduction which occurred in 1992 can be associated directly with the Yeltsin government's unequivocal espousal of the market economy after the Soviet Union and its state structures had been bundled offstage. In 1992 alcoholic beverages from unregistered sources accounted for 64% of total consumption, which contrasts sharply with the 26% in 1984.

The success of Gorbachev's campaign was indeed short lived. In 1987 a small increase in alcohol consumption occurred, and thereafter the trend continued upward until by 1992 it had almost returned to the level of 1984 (table I). The substantial increase recorded for 1992 should be interpreted in the context of key economic developments of that year, particularly the Yeltsin government's price liberalisation measures and the galloping inflation of prices.

In this new economic climate, as Nemtsov and Shkol'nikov note, the cost of alcoholic beverages rose far less than the costs of other consumer goods and foods. By way of elaboration they compared the prices of a bottle of vodka and a kilogram of sausage in 1984 and 1994; 10 years ago the vodka cost roughly twice as much as the sausage whereas now it costs half as much.

Besides that striking reversal in relative prices, another factor which helps to explain the sharp increase in consumption is not difficult to infer. It is hardly fanciful to adduce a felt need to seek escape of a sort from the increasing harshness and bewildering uncertainties of daily life. For many people exogenously created changes may well seem to have threatened the social, political, and economic collapse of their country and, in a sense, of the world as they knew it.

Reductions in mortality

Gorbachev's campaign, however, was successful in bringing about a short term reduction in per capita consumption (table I). Furthermore, from the published mortality data it is fair to conclude that many drunkards were saved from themselves. In the Russian Federation deaths from alcohol related causes declined sharply from 23.0 to 9.1 per 100 000 population during 1984-7. More specifically, the data record deaths from alcohol poisoning, chronic alcoholism, alcoholic psychosis, and cirrhosis of the liver due to alcohol.²

As such deaths featured prominently in the overall picture of mortality, the reduction noted above meant that an improvement also occurred in the official figures for average expectation of life at birth. That

TABLE I—Consumption of alcohol in Russia during 1984-92. Values are litres of pure alcohol equivalent per person yearly

	1984	1985	1986	1987	1988	1989	1990	1991	1992
Consumption	14.2	13.3	10.6	10.7	11.2	11.8	12.1	12.3	14.0
State sales	10.5	8.8	5.2	3.9	4.4	5.3	5.6	5.6	5.0
Unregistered sales [home brew]*	3.7 [3.3]	4.5 [3.5]	5.4 [5.0]	6.8 [6.1]	6.8 [3.9]	6.5 [NA]	6.5 [NA]	6.7 [NA]	9.0 [NA]

NA=Not applicable.

*Estimates by state statistical service.

Source: *Rossiiskie vesti* (adapted).⁴

trend was particularly noticeable for men, who are the heaviest drinkers. In 1984 life expectancy of men in Russia was 61.7 years, and by 1987 it was 64.9 years.

If reported for a contemporary Western country, a gain of that much over so short a period would seem improbable. But it should not be summarily dismissed as propaganda designed to show the communist regime in a favourable light. In this demographic matter, as in so many others, it is helpful to recall the words of the nineteenth century diplomat and poet Fedor Tychev: "Russia is different."

Non-natural deaths

Over the years 1987-92 a substantial increase in deaths occurred from most of the principal causes (table II). Presumably the greatest cause for alarm was the disproportionately large increase in deaths from trauma and poisoning; these rose from 9.6% to 14.2% of the total. It was widely accepted that alcoholism and drunkenness were implicated in many of those deaths from non-natural causes. Moreover, the causal connection can be regarded as almost self evident in the case of death from accidental poisonings with alcohol. That category accounted for 0.76% of all deaths in 1987 but had doubled to 1.45% by 1992 (table II).

TABLE II—Deaths from main causes during 1987, 1990, and 1992. Values are thousands

	1987	1990	1992
All causes	1531.6	1656.0	1807.4
Diseases of circulatory system	884.2	915.5	960.5
Neoplasms	268.0	287.7	300.0
Trauma and poisonings	147.6	189.3	257.2
Suicide	33.9	39.2	46.1
Homicide	11.3	21.1	33.9
Alcohol poisoning	11.7	16.1	26.2
Diseases of respiratory organs	88.8	88.0	86.0
Diseases of digestive organs	40.2	42.5	48.7
Infectious and parasitic diseases	20.1	17.9	19.5

Source: *Zdravookhranenie Rossiiskoi Federatsii*.³

It is relevant to add that the source of those data, the annual report on public health for 1992,³ makes a direct link between increases in accidental poisonings from alcohol and the reduction of the state's ability to impose control over quality in production. As the Western media have reported, some of the liquor now on sale in the streets of Russian cities ought to be labelled poison.

Another highly relevant point concerns a change which can only serve to further exacerbate the seriousness of what might be termed Russia's alcohol pandemic. So far as I can determine, this arises

TABLE III—Deaths from main causes per 100 000 standardised population, 1992*

	Males	Females
Diseases of circulatory system	885.5	548.8
Neoplasms	318.8	142.8
Trauma and poisonings	242.4	58.3
Diseases of respiratory organs	109.4	34.8
Diseases of digestive organs	21.9	5.7

*Standard adopted was age and sex structure of population of various European countries, as recommended by World Health Organisation (European standard); 1992 is assumed from context. Source: *Zdravookhranenie Rossiiskoi Federatsii*.³

directly from one tactic which was employed during the Gorbachev campaign—namely, the large scale destruction of vineyards. That took place in, for example, what is now the independent sovereign state of Moldova. Given the consequent limitations on supply, consumption of grape wine—including champagne—unsurprisingly declined. In 1992 it was at merely half of the 1987 level. By contrast, sales of high proof drinks, especially vodka and comparable spirits, rose by 1.8 times over the five years and so came to bulk even larger in the overall picture.

The Russian way

For the consumption of pure alcohol equivalent per head of population Russia has now replaced France at the top of the international league table. However, as Nemtsov and Shkol'nikov imply, that indicator is a crude measure which calls for explication. They observe that children under the age of 15 (who make up a quarter of the population) are almost all non-drinkers, and women (who make up half of the population) consume only an eighth to a tenth as much as men. On their calculation each adult man drinks about 160-180 half litre bottles of vodka a year, an average of almost a bottle every second day.

By comparison with France, Russia suffers not only from less control over the quality of alcohol and the predominance of vodka but also from the macho manner in which that spirit is consumed. *Izvestiya's* readers hardly needed reminding of the many "doses which deliver a punch" which are drunk at a single sitting, nor of the fact that the food consumed on those occasions is nothing like as good as its French equivalent.

That a favourite national pastime is proving fatal to far more Russian men than women can be inferred from standardised data (table III). Most probably these relate to 1992, as they are presented in the annual report on public health for that year. The data show that numbers of male deaths from traumas and poisonings are over four times higher than numbers of female deaths from those causes. Among the rural population the relevant figures for both men and women are higher than among town dwellers; in the countryside those causes actually account for more male deaths than neoplasms.

But the extent to which drinking kills Russian men is pointed up by a more memorable finding. It is that the average expectation of life at birth now works out at below normal retirement age. This profoundly depressing conclusion emerges unambiguously from figures given by Nemtsov and Shkol'nikov. In 1992, when a sharp increase in consumption occurred, life expectancy fell by as much as 1.5 years for men and six months for women. The prospect of 62 years of life for a Russian man was then 11 years less than that for his counterpart in the European Community, while the 74 years for a Russian woman was six years less than that for her European Community counterpart. But a further, very substantial deterioration occurred in 1993; in that year these indicators tumbled to 59.0 years for men and 72.0 years for women.

Some of the liquor on sale in Russian cities is more akin to poison

Aside from the many personal tragedies which they cause, premature deaths among able bodied people also have economic consequences. Taking account of that fact, official demographers have calculated data which underline the vast annual loss of labour potential. According to a press report, in 1991 premature deaths accounted for a loss of 2.23 million man years of working life.⁴ That figure included 1.02 million man years lost which were ascribable to deaths from accidents, poisoning, and trauma. Of those deaths, as many as 52.4% occurred in people who were drunk.

Broadening the focus, that report also implicated alcohol in violent deaths and referred to the role of alcohol in aggravating deaths from cardiovascular, gastrointestinal, and other diseases. Furthermore, it drew attention to the deaths of sober people caused by people who are drunk. Overall the destruction of life was such that in 1991 "more than a quarter of the labour potential in Russia was lost in connection with deaths which were caused predominantly by alcohol."

An uncertain prospect

One demographic feature which Russia and the countries of Western Europe have in common is a high figure for the crude death rate. In those countries the figure is high on account of improved life expectancy—

with more people living to old age, an increasingly elderly population results in a high death rate. In Russia, however, the explanation is very different. There life expectancy has fallen, with a substantial increase in deaths—especially those due to trauma and poisoning—among the population of working age. The position is further compounded by rising infant mortality (not discussed here).

These alarming demographic trends, which represent an evident threat to national self interest, have now acquired political relevance and provide political ammunition for Boris Yeltsin's opponents. Whether they will have much influence on his government's policy making in this connection can hardly be determined. However, it seems justifiable to conclude that without an effective antialcohol programme further deterioration in Russia's mortality record may well be reported.

I thank Ian Jeffries for reference 1.

1 Nemtsov A, Shkol'nikov V, Zhit' ili pit' *Izvestiya* 1994;19 iyulya:4.

2 Cited by: Ryan M. *Contemporary Soviet society: a statistical handbook*. Aldershot: Edward Elgar, 1990:253.

3 Gosudarstvennyi doklad o sostoyanii zdorov'ya naseleniya Rossiiskoi Federatsii v 1992 g. *Zdravookhranenie Rossiiskoi Federatsii* 1994;3:3-8.

4 Ne dozhil do pensii—ubit alkogolem. *Rossiiskie vesti* 1993;255:4.

(Accepted 9 December 1994)

Management for Doctors

Getting the best from people

Andrew Vallance Owen

This is the tenth in a series of articles dealing with issues arising as clinical practitioners increasingly take on managerial roles. The series is edited by Jenny Simpson

Case study

A surgeon was appointed to a new consultant post in a hospital in the south of England. The advertisement for the post had given little detail and the job description was equally vague, but he had understood, through discussion before his appointment, that he would be able to develop his special interest while in the job.

On taking up the post he found out almost immediately that he had been allocated only one operating list a week when his predecessor had had three. Although he thought he had been appointed to develop a specialist role, little interest was shown in this and, despite his limited access to theatre, criticism began to be made about his developing waiting list. He soon realised that some of his consultant colleagues had been against the establishment of a new post from the start.

The situation slowly deteriorated over the next two years, although during this time he was able to build up a reasonable private practice. In his NHS hospital, he felt that staff were somehow being turned against him, including the nursing staff in theatre who had been asked to report on his attendance and punctuality, although they had never complained about this. He became increasingly

concerned and frustrated over the lack of resources being put into his unit and eventually spoke out on this issue at a public meeting.

Shortly after this he was called in to account to the chief executive and medical director without being given the opportunity to bring a supporting friend. Only at the meeting itself was he given statements that had been written about him—two of them specifically commissioned—containing a number of minor allegations. He was given little chance to defend himself and threatened with the possibility of dismissal if he did not "improve."

At this point he involved the BMA, which sought a meeting with personnel. When this eventually took place the personnel director opened up the completely new possibility of redundancy because of financial cutbacks; she denied that there were any formal or disciplinary charges being made against him. The whole thing had been handled so badly that it was clear he would be able to fight off this threat, but he had, by now, become so demoralised that he decided to resign his post in any case and left the NHS to work in Saudi Arabia.

In the 1950s McGregor described two very different sets of assumptions, which he called Theory 'X' and Theory 'Y'.¹ Theory 'X' assumes that people are naturally lazy, lacking in ambition, and self centred, and that they need to be managed by coercion and control. Theory 'Y' assumes that people are not naturally like this, but if they become so it is due to their experiences; that they are ready to assume responsibility, and getting the best out of them needs management which is collaborative and supportive. Theory 'Y' is the philosophy on which this article is based.

Although details have been changed to preserve anonymity, the case study is based on an amalgam of real experiences in Britain over the past two years. It shows effectively how to demotivate comprehensively a young consultant who was once an enthusiastic innovator, which was done, at least in part, by his own colleagues and other doctors involved in management. There are many lessons to be learnt, but the crucial one is that this is how not to do it.

People need to be motivated to perform well and to stay in the job; motivation, therefore, is one of the key roles of management. Some of the work on this subject

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BMJ 1995;310:648-51